MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFA

-63-004073

Part	DO NOT WRITE ON THIS STUB	AMENDED			D	FILED JAN 2 2 1963				
Second S						1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence	before			
Complete State Complete Complete State Complete S		6	:			a. COUNTY St.Louis Missouri a. STATE Missouri admissi	on)			
Complete State Complete Complete State Complete S	Rev. 4/59	Ž				08	imits			
HOSPITAL OR HOTHER AND HOSPITAL OR HOTHER AND HOSPITAL OR HO	_						No □			
3 NAME OF DECEASED FIN Muddle Lest DAIF Month Day Year Ada Scales DEATH Crype or prior) Ada Scales DAIT January 1063 5 SEX C. COLOR REACE 7. Married DAIT Divorced 1. Jan 91 72 Month Day No. 1. Jan 91 72 Month	3	1		1 1	1	HOSPITAL OP	n Ferm			
Ada Scales DATH January Ada Scales DATH January J	2 2 0	2 20 (0 5)				institution Homer G. Phillips Hosp Yesk No 5360 Cote Brilliantie Yes	No 🗆			
5. SEX S. COLOR OR RACE 7. Married Never Married 1. DATE OF BIRTH 9. AGE (last birridary) 1. UNDER 72 HO. Hours 1. UNDER 72 HO. Hours 1. Under 72 Hour		7 7 7 1		7	(Type or print)	ear				
Pem Col Tol. Usual Occupation (Give kind of work done) Tol. Usual Occupation (Give kind of work retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if retires) Tol. Usual Occupation (Give kind of working life, seen if seen some set line for (s), (b), and (c). Tol. Usual Occupation (Give kind of working life, seen if seen some set line for (s), (b), and (c). Tol. Usual Occupation (Give kind of working life, seen if seen some set line for (s), (b), and (c). Tol. Usual Occupation (Give kind of working life, seen if seen some set line for (s), (b), and (c). Tol. Usual Occupation (Give kind of working life, seen seen seen seen seen seen seen se	4 ::3					Scales January 9 1963				
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13. FATHER'S NAME Louis Scales 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no. or unknown) [If yes, give we or dates of No. 17. INFORMANY Address 10. 10.		ایز					JAHRT			
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IMMEDIATE CAUSE (a) 12 77 7					_ _ <u> </u>	No No Mrs Cecilia Rolley 7908 Thomas Brent I B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	TWEEN			
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	10	- 1				\blacksquare	DEATH			
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		붉泄	5	ł	Į <u>₹</u>	IMMEDIATE CAUSE (a) CON QUESTIONE IN SOLA TO CONTRACT CON				
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in least 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in least 90 days. PART III. If deceased was female was there a pregnancy in least 90 days.	13	Ϊ			_					
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236. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERS OF CREMATOR	<u> </u>					Death occurred et	d.			
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236. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERS OF CREMATOR	→		<u> </u>			Taul X Simon Corne 1300 Clark 11/12	163			
Removal (Specify) 1/14/63 Washington Park St. Louis County Missouri Removal 25, Pare Reco. By Local Reg. 26, Pegistrate's Signature M. D. 24. Funeral Director Address 25, Pare Reco. By Local Reg. 26, Pegistrate's Signature M. D.	-				_ ₹	236. BURIAL, CREMATION / 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Staye	<u> </u>			
HEMOVA 1 24. FUNERAL DIRECTOR ADDRESS 25, DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25, DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25, DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25, DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. DEGISTRAR'S SIGNATURE ADDRESS 25. DEGISTRAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S		2	ا ز				네			
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The facility relies

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	signed athur L. Heillians
Student	Signed thing d. Helliage
Signature of Student Embelmer	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

, If, embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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